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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/12635 11/12/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

ITALY RM2002A000576 11/15/2002

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING 8	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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**TITLE**

Diagnostic and therapeutic means for pathologies associated with alpha 2 subunit of the na, k pump

FILING FEE RECEIVED 815	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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